FEB 2 6 2002

RÜSCH INTERNATIONAL
Group Regulatory Affairs
A Subsidiary of Teleflex Incorporated (USA)

Tall Pines Park
Jaffrey, NH 03452
(603) 532-7706
FAX (603) 532-8211 or 6108

510(k) Summary

1. Submitter Name, Address, and Date of Submission.

Mr. Richard Lykins
Group Regulatory Affairs
Rüsch International
Tall Pines Park
Jaffrey, New Hampshire 03452

Telephone: (603) 532-7706
Facsimile: (603) 532-6179
E-Mail: rlykins@tfx.com

Contact: Same as above

2. Name of the Device, Common, Proprietary (if Known), and Classification.

Classification Name: Tube, Gastrointestinal and Accessories

Common Name: Intestinal Tubes

Proprietary Name: Rüsch Cantor Tube

3. Identification of the legally marketed device to which the submitter claims equivalence.

The Rüsch Cantor Tube is substantially equivalent to the Inmed Cantor Tube.

4. Description of the Device.

The Rüsch Cantor Tube is 124" (310 cm.) in length. The tube is single lumen and radiopaque. The tube material is soft red rubber and graduated.

The tip is rounded and closed. Covering the tip end of the product, mounted to the shaft below the tip is the

elongated latex balloon. There are four oval eyes in the tube, which are directly after the latex balloon.

The other end of the shaft is belled to form the funnel.

The Rüsch Cantor Tube will be available in two (2) sizes designated by outside diameters 16F & 18F and two unique part numbers that are yet to be determined.

The device will be sold sterile, individually paced in a paper-film pack. Two devices will be packaged in a cardboard box, with one set of instructions for use, and designated as an intestinal decompression, single balloon tube.

5. Intended Use of the Device.

The Rüsch Cantor Tube is intended intestinal decompression in the small intestine through the aspiration of air and fluid. (Such as, treatment of mechanical and paralytic ileus.)

6. Summary of Technological Characteristics.

The following technological characteristics are the same as or equivalent to predicate devices:

The Rüsch Cantor Tube and the Inmed Cantor Tube are the same in as they are both X-ray opaque, single lumen, soft red rubber, and graduated.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

FEB 2 6 2002

Mr. Rick Lykins
Sr. Regulatory Affairs Associate
Rüsch International
Tall Pines Park
JAFFREY NH 03452

Re: K010798
Trade/Device Name: Rüsch Cantor Tube
Regulation Number: 21 CFR §876.5980
Regulation Name: Gastrointestinal tube and accessories
Regulatory Class: II
Product Code: 78 KNT
Dated: November 27, 2001
Received: November 29, 2001

Dear Mr. Lykins:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at one of the following numbers, based on the regulation number at the top of this letter:

8xx.1xxx	(301) 594-4591
876.2xxx, 3xxx, 4xxx, 5xxx	(301) 594-4616
884.2xxx, 3xxx, 4xxx, 5xxx, 6xxx	(301) 594-4616
892.2xxx, 3xxx, 4xxx, 5xxx	(301) 594-4654
Other	(301) 594-4692

Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html.

Sincerely yours,

Nancy C. Brogdon

Nancy C. Brogdon
Director, Division of Reproductive,
Abdominal, and Radiological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

510(k) Number (if known): K010798

Device Name: Rüsch Cantor Tube

Indications for Use:

The Rüsch Cantor Tube is intended for intestinal decompression in the small intestine through the aspiration of air and fluid. (Such as treatment of mechanical and paralytic ileus.)

PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ OR Over-The-Counter Use _____

(Per 21 CFR 801.109)

Nancy C. Brogdon

(Division Sign-Off)
Division of Reproductive, Abdominal, and Radiological Devices
510(k) Number K010798